

California Emergency Management Agency (Cal EMA)

RAPE CRISIS PROGRAM-SPECIFIC PERFORMANCE ASSESSMENT

A.	AGENCY ORGANIZATION		Y	N	N/A	COMMENTS
	1.	Organization				
	a.	Reporting Lines of Authority same as in Grant Award Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Duties performed by staff match those listed in Grant Award Agreement and are allowable by funding source(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.	Board of Directors (Service Standards (SS) E.3.a.)				
	a.	Formal selection process for new board members.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Trained on <input checked="" type="checkbox"/> project's history, <input checked="" type="checkbox"/> goals, <input checked="" type="checkbox"/> funding sources, <input checked="" type="checkbox"/> expectations and responsibilities, <input checked="" type="checkbox"/> article of incorporation and <input checked="" type="checkbox"/> personnel policies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c.	Governed by written by-laws.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d.	By-laws require 10 to 15 board members.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bylaws change in process to reduce to 8 to 12 board members. One potential board member in process now.
	e.	Board currently consists of 9 members.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3.	Agency/Facilities				
	a.	Hours of operation. Hours: 8 am to 5 pm (Penal Code (PC) 13837)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Space budgeted in Grant Award Agreement is used for designated purposes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B.	PERSONNEL POLICIES, FILES AND TRAINING					
	1.	Certification of Completion of Counselor training class maintained in counselor's personnel file (SS A.1.c.1.); <input checked="" type="checkbox"/> Sexual Assault Counselor training course agenda (including dates, topics, and instructors) attached to certificate of completion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.	Documentation of attendance at 12 hours of continuing education training yearly. (SS A.1.c.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3.	Documentation of attendance at annual Human Relations Training; dates, topics, presenter(s). (SS C. 1. 2.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	4.	Training				
	a.	SA Counselor Training Class adheres to last certified by Cal EMA that was approved on 10/26/06 _____(date). (E.C. 1035.2) (P.C 13835.10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b.	SA counselors complete SA Counselor Training prior to provision of service. (E.C. 1035.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	CLIENT CONFIDENTIALITY					
	1.	Client Confidentiality				
	a.	Written policy regarding client confidentiality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Client records are kept confidential per Evidence Code Section 1035.2. et seq.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D.	PROGRAM GOALS AND OBJECTIVES					
	1.	Service Standards: Review hard copy/verify to access on line.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.	Service Objectives: Review goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Does the project staff need to submit a Cal EMA 2-223 to modify their grant objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	a.	Crisis Intervention				
		(1) 24 Hour Crisis Line calls responded to within 10 minutes. (SS.A.1.b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(2) Serves the same number of SA victims at a minimum as forcible rape cases reported to law enforcement. (SS.A.1.f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(3) Meeting objective numbers as proposed in Grant Award Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Follow-Up Counseling (SS.A.2)				
		(1) Attempt to reach victim within three working days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(2) If victim not reached, efforts continue.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(3) Provided to 45% of Crisis Intervention clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(4) Meeting objective numbers as proposed in Grant Award Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c.	In-Person Counseling				

D.	PROGRAM GOALS AND OBJECTIVES						
			(1) Offered to all clients (SS A.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(2) Short-term counseling provided for up to 10 weeks, non-licensed, peer counselors or licensed therapists is provided.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(3) Long-term therapy by licensed therapists or supervised clinical interns is <input checked="" type="checkbox"/> Provide or <input checked="" type="checkbox"/> Refer out.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation Care pays for client who are referred out.
			(a) Signed consent for treatment obtained prior to provision of long-term therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Amador/Calaveras Counseling Center handles signed consent forms.
			(b) If referred out: three choices and OA on site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small community. Has 2 agencies they refer to: Behavioral Health and Amador /Calaveras Counseling Center.
			(4) Meeting objective numbers as proposed in Grant Award Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		d.	Accompaniment – <input checked="" type="checkbox"/> Provide or <input type="checkbox"/> Refer out. (SS.A.7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(1) Provide 24/7 for accompaniment to hospitals, law enforcement agencies, district attorney, court, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(2) If not provided 24/7, then referral OA is in Grant Award Agreement and specifies 24/7.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
			(3) Meeting objective numbers as proposed in Grant Award Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		e.	Advocacy – <input checked="" type="checkbox"/> Provide or <input type="checkbox"/> Refer out. (SS.A.8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(1) Provide 24/7 for advocacy to hospitals, law enforcement agencies, district attorney, court, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(2) If not provided 24/7, then referral (OA) is in Grant Award Agreement and specifies 24/7.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
			(3) Meeting objective numbers as proposed in Grant Award Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		f.	Community Education – Covers services/operations; SA info. (SS.A.10.a.b.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(1) Presented by trained SA counselors. (SS. A.10.e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(2) Meeting objective numbers as proposed in Grant Award Agreement.				
		g.	Attending multi-disciplinary SART meetings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Actively participates with Calaveras County SART Team
			(1) Meeting objective numbers as proposed in Grant Award Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3.	Program Requirements					

D.	PROGRAM GOALS AND OBJECTIVES						
	a.	Provides/receives training from cross-referral agencies listed in the operational agreement summary for the agency's grant award (SS B.2).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	b.	<input type="checkbox"/> Assists or <input checked="" type="checkbox"/> refers out, in the preparation of victim compensation claims.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refers to Victim Witness.	
	c.	Diversity in services & operations: (SS.D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(1) Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(2) Volunteers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(3) Board of Directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(4) Culturally appropriate materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English and Spanish	
		(5) Programs available in predominant languages	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English and Spanish. Also interpreters are available. AT&T Language Line is also available.	
	d.	Information & Referral provided to general public; referral list updated regularly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	e.	Regularly scheduled staff meetings held.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Held once a month or sooner if needed.	
	f.	Support Groups <input checked="" type="checkbox"/> Provide or <input checked="" type="checkbox"/> refer out. (SS.A. 6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always have active support groups, but not enough clients willing to participate. Will refer out to Psychologist.	
		(1) If provided by RCC, facilitator trained and experienced in support group facilitation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	By Lynda Miller.	
E.	RAPE CRISIS RECOVERY ACT PROGRAM FUNDS (RR) (For site visits conducted through August 2010)						
	1.	Are all RR funds expended or will they be with a Final 2-201?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	2.	Is a 2-223 necessary/being completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		